

FOI 088/2021 Response

Request

I'm writing to request information as we are working with our NHS Mental Health clients on a number of projects that maybe relevant to your own trust's strategic aims and requires software solutions that they use.

We understand from them that there are a number of key priorities for all mental health trusts to achieve and I now respectfully ask you a number of questions below that are related to a couple of core software products that are needed to meet NHS Digital's digital transformation aims.

1. Does the Trust currently have an integration engine? This is required to securely exchange data between software systems both internally and externally.
2. If yes above , what product is it?
3. Do you intend to change it ?
4. When does the contract end ?
5. If no in question 1 , do you intend to purchase an integration engine ?
6. If yes in 5 above , when do you intend to purchase?

Our existing NHS clients have to meet the mandatory requirement of sharing a basic level of data to their main ICS (Integrated Care Organisation) . They have decided against a single centralised data repository stored in a regional external HIE solution, as some patient data is very sensitive. Instead they have decided on a Federated Model, where they have their own local FHIR based data repository on premise and provide a reference to the file to the regional HIE

7. There are three main architecture patterns that Trusts can choose to deliver a Shared Care Record using a platform or product – based approach, to share data to the new ICS organisation, can you please identify the trust's chosen option below ?
 - a. **Centralised Model** – data stored centrally consolidated data repository. Data shared by HIE participants are normalised, housed in and accessed from a central data repository
 - b. **Federated Model** (sometimes known as Distributed Model) – de-centralised data held at source, maintain separate control of its data, typically in special “edge servers” at its own location and shares patient-specific data upon request from other HIE participants
 - c. **Hybrid** – a combination of a & b – builds on the Federated Model by adding a “record locator service” that tracks where patients have received care, and consequently where their source data can be requested.
8. Does the Trust currently have a data repository identified for the above requirement if selecting b or c above ?
9. If yes , is it FHIR based ?
10. What is the name of product ?
11. Who is the supplier ?
12. When is the contract renewal date ?
13. Is the Trust looking to purchase a data repository ?
14. If yes to question 11, when does it envisage purchasing it ?
15. Who is responsible for sourcing the data repository ?

Response

1. **Does the Trust currently have an integration engine? This is required to securely exchange data between software systems both internally and externally.**

Yes

2. **If yes above , what product is it?**

InterSystems HealthShare / HealthConnect – previously known as “Ensemble”

3. **Do you intend to change it ?**

No

4. **When does the contract end ?**

Rolling 12 month contract

5. **If no in question 1 , do you intend to purchase an integration engine ?**

N/A

6. **If yes in 5 above , when do you intend to purchase?**

N/A

7. **There are three main architecture patterns that Trusts can choose to deliver a Shared Care Record using a platform or product – based approach, to share data to the new ICS organisation, can you please identify the trust’s chosen option below ?**

- a. **Centralised Model – data stored centrally consolidated data repository. Data shared by HIE participants are normalised, housed in and accessed from a central data repository**
- b. **Federated Model (sometimes known as Distributed Model) – de-centralised data held at source, maintain separate control of its data, typically in special “edge servers” at its own location and shares patient-specific data upon request from other HIE participants**

Please note that we operate a federated model as described above, but have the ability to bring in the elements of the NRL / LRL as described in the hybrid model below, this is the model across our ICS.

Also note that the Shared Care record is larger than our geographical footprint of our ICS.

- c. **Hybrid – a combination of a & b – builds on the Federated Model by adding a “record locator service” that tracks where patients have received care, and consequently where their source data can be requested.**

- 8. Does the Trust currently have a data repository identified for the above requirement if selecting b or c above ?**

Yes, we operate edge gateways for the organisations working in the shared care model, the trust has it's own edge gateway and internally has its own data repository / warehouse.

- 9. If yes, is it FHIR based ?**

Yes,

- 10. What is the name of product ?**

HealthConnect / HealthShare – for reference to the Shared care offering

- 11. Who is the supplier ?**

InterSystem

- 12. When is the contract renewal date ?**

April 2024

- 13. Is the Trust looking to purchase a data repository ?**

No

- 14. If yes to question 13, when does it envisage purchasing it ?**

N/A please refer to the response in question 13.

- 15. Who is responsible for sourcing the data repository ?**

N/A please refer to the response in question 13.